

215040500
62690

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 012	Agency Case No. B5-092393	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		TIME OF ACCIDENT 1230	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1235	10/04/2015						
B	68	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N40TH ST DEAD END TO ADAMS ST			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
				6.00	X	ADAMS					
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	DRIVER LICENSE NO. H13367041			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/N	5	DRIVER DEREK S POND			PHONE 4027300764	LOCAL NO.					
V2/N	1	DRIVER ADDRESS 4335 CLEVELAND AVE, LINCOLN, NE 68504			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/17/1993				
G	2	OWNER ANDREW N LOVELL / LOGAN K LOVELL			PHONE 4024325976	LOCAL NO.					
H	5	OWNER ADDRESS 10631 N 139TH ST, WAVERLY, NE 68462			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB485917				
V1/O	1	LICENSE PLATE PA NO. RRN575	YEAR 2004	MAKE Oldsmobile	MODEL A/G	BODY STYLE 4 door Sedan	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 700			
V2/O	1	VEHICLE ID NO. (VIN) 1G3NL52E74C224874	TOWED TO			TOWED BY					
I	1	DRIVER LICENSE NO. H12796274			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/P	1	DRIVER TRAVIS L WOLFING			PHONE 4028050452	LOCAL NO.					
V2/P	1	DRIVER ADDRESS 1512 DAVID DR, LINCOLN, NE 68504			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/24/1985				
J	01	OWNER DEANNA M WHITLATCH / ASHLEY A WHITLATCH			PHONE 4028053734	LOCAL NO.					
V1/Q	4	OWNER ADDRESS 2733 N COTNER BLVD, LINCOLN, NE 68507			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.				
V2/Q	4	LICENSE PLATE PA NO. TML280	YEAR 2006	MAKE Hyundai	MODEL SGX	BODY STYLE 4 door Sedan	COLOR maroon / burg	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 700			
K	03	VEHICLE ID NO. (VIN) 5NPEU46F06H026736	TOWED TO			TOWED BY					
					POLICY NO. 065 8570-B06-27						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	

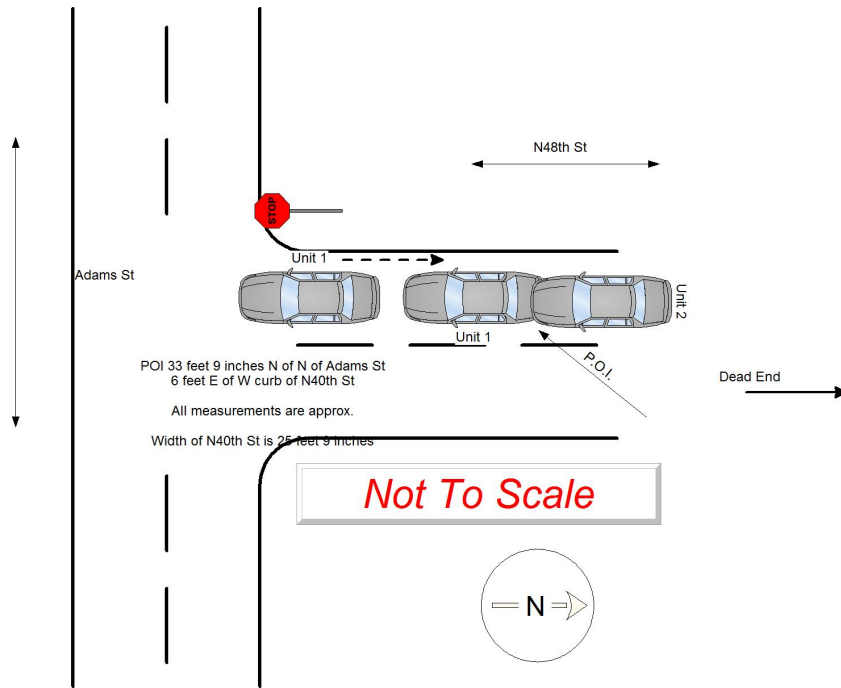
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092393



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated that he was southbound on N40th St stopped for a stop sign at Adams St when he decided to back up and struck vehicle #2. D2 stated that he was southbound on N40th St from a Dead End to Adams St behind vehicle #1 stopped when vehicle #1 back up and struck his vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	4						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																		
1	X				N 40TH ST																		
2		X			N 40TH ST																		
1	02				06 Turning left		POINT OF IMPACT		05	POINT OF IMPACT		01											
2	01				08 Entering traffic lane		MOST DAMAGED AREA		05	MOST DAMAGED AREA		01											
				01 Essentially straight ahead				00 None				02				03				04			
				02 Backing				09 Top & windows				01				05				06			
				03 Changing lanes				10 Undercarriage				08				07				06			
				04 Overtaking/Passing				11 Total (all areas)															
				05 Turning right				12 Other															
				13 Unknown																			

OFFICER NO. 1361	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Troy Aksamit		INVESTIGATOR SIGNATURE Approved by Officer Troy Aksamit	DATE OF REPORT 10/04/2015